

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date			
							Applicant(s) Stephen Hart et al					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2	1						52					
3		2					53					
4		2					54					
5		2					55					
6		2					56					
7		2					57					
8		2					58					
9		2					59					
10		2					60					
11		2					61					
12		2					62					
13		2					63					
14		2					64					
15		2					65					
16		2					66					
17		2					67					
18		2					68					
19		2					69					
20		2					70					
21		2					71					
22		2					72					
23		2					73					
24		2					74					
25		2					75					
26		2					76					
27							77					
28							78					
29							79					
30							80					
31	1						81					
32		1					82					
33	1						83					
34							84					
35							85					
36							86					
37							87					
38							88					
39	1						89					
40	1						90					
41		2					91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	6						Total Indep					
Total Depend	51						Total Depend					
Total Claims	57						Total Claims					